

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036465
4857 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED SEP 18 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 054.0	
3	
4 0	
5 1	
6	
7 0	
8 1	
9 54.0	
10	
11	
12 76.0	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		c. CITY OR TOWN HOLDEN, MO.	
Length of stay in 1b 20 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC., MO.		d. STREET ADDRESS (If outside, give location) R.F. D. 1	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CHARLES Middle BRYAN Last SNOOK		4. DATE OF DEATH Month SEPT. Day 1, Year 1963	
5. SEX MALE	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/23/96
9. AGE (last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) BRECKENRIDGE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE SNOOK		13b. MOTHER'S MAIDEN NAME NAOMI GOODRICH	
14. NAME OF HUSBAND OR WIFE MRS ADDIE SNOOK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES 5/10/18 to 7/24/19		17. INFORMANT Address HOLDEN, MO VA HOSPITAL RECORDS-MRS ADDIE SNOOK (WIFE)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BLEEDING DUODENAL ULCER DUE TO (b) CEREBRAL INFARCTION DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8/11/63 to 9/1/63 and last saw him alive on 9/1/63		Death occurred at 2:55 PM 9/1/63 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) 8/16/63		22b. ADDRESS VAH KANSAS CITY, MO.	
22c. DATE SIGNED 9/1/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 3, 63	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) Holden, Mo
24. FUNERAL DIRECTOR Carroll & Papp Holden Mo		25. DATE RECD. BY LOCAL REG. 9-3-63	
26. REGISTRAR'S SIGNATURE Beasie Smith			

(Licensed Embalmer's Statement on Reverse Side)

601470-000

601470-000

SEP 16 1966

MAR 27 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

M. L. Canaday

Licensed Embalmer No.

3434

P. O. Address

Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.